MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	10/561626	

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1ˢᵗ AMENDMENT IND.	AFTER 1ˢᵗ AMENDMENT DEP.	AFTER 2ⁿᵈ AMENDMENT IND.	AFTER 2ⁿᵈ AMENDMENT DEP.
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TOTAL IND.	3					
TOTAL DEP.	7					
TOTAL CLAIMS	10					

	AS FILED IND.	AS FILED DEP.	AFTER 1ˢᵗ AMENDMENT IND.	AFTER 1ˢᵗ AMENDMENT DEP.	AFTER 2ⁿᵈ AMENDMENT IND.	AFTER 2ⁿᵈ AMENDMENT DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

PTO - 1360 (REV. 11/94)